

WEST ESSEX BOARD OF REALTORS®
311 Claremont Ave Montclair, New Jersey 07042
(973) 655-9660 Fax (973) 655-8070

[Http://www.westessexbor.com](http://www.westessexbor.com) e-mail info@westessexbor.com



MEMBER TRANSFER FORM

Date: _____

Member Name

New Office

NRDS #

License #

E-Mail Address:

New office phone with extension

Member's Signature

I the undersigned and the Designated REALTOR® or authorized office manager of the above named office/firm. I hereby certify the above named REALTORS® license is now residing at this office/firm. I request transfer of the above named REALTOR® registration under the name of my office/firm.

New DR/Managers Signature

This transfer form must be accompanied with a \$15.00 fee.

This form is not valid if transferring from another Board/Association. You must submit a membership application along with local board fees. Please contact the Board office for further details.

Board Office use only

Check# _____

REMS _____

NRDS _____

N/L _____